

2017 Jun-09 AM 09:50  
U.S. DISTRICT COURT  
N.D. OF ALABAMA

EEOC Form 5 (11/09)

## CHARGE OF DISCRIMINATION

This form is affected by the Privacy Act of 1974. See enclosed Privacy Act Statement and other information before completing this form.

Agency(ies) Charge No(s):

☐ FEPA  
☒ EEOC

420-2016-00879

State or local Agency, if any

and EEOC

Name (Indicate Mr., Ms., Mrs.)

Dejaun Jones

Home Phone (Incl. Area Code)

(205) 240-3285

Date of Birth

04-06-1986

Street Address

City, State and ZIP Code

108 Three Sons Drive, Hoover, AL 35226

Named is the Employer, Labor Organization, Employment Agency, Apprenticeship Committee, or State or Local Government Agency That I Believe Discriminated Against Me or Others. (If more than two, list under PARTICULARS below.)

Name

GRANDVIEW MEDICAL CENTER

No. Employees, Members

15 - 100

Phone No. (Include Area Code)

(205) 971-1000

Street Address

City, State and ZIP Code

3690 Grandview Parkway, Birmingham, AL 35243

Name

No. Employees, Members

Phone No. (Include Area Code)

Street Address

City, State and ZIP Code

RECEIVED  
JAN 21 2016  
E.E.O.C.  
BIRMINGHAM DISTRICT

DISCRIMINATION BASED ON (Check appropriate box(es).)

☒ RACE ☐ COLOR ☒ SEX ☐ RELIGION ☐ NATIONAL ORIGIN  
☐ RETALIATION ☐ AGE ☐ DISABILITY ☐ GENETIC INFORMATION  
☐ OTHER (Specify)DATE(S) DISCRIMINATION TOOK PLACE  
Earliest Latest

12-01-2015

01-21-2016

☒ CONTINUING ACTION

THE PARTICULARS ARE (If additional paper is needed, attach extra sheet(s)).

In began my employment with the above named employer as a Registered Nurse in June 2011. In 2014, I became a PI Coordinator. I was paid \$ 24.24 per hour which was below the minimum on the pay scale. In late July 2015, I informed the employer that I was pregnant. In October 2015, my job status changed and I became a Flexi RN in the GI Lab. I was paid \$30.00 per hour. In December 2015, my job status was changed to part-time and a demotion calculator was applied to my pay which was reduced to \$ 21.20 per hour. In October of 2015, I learned that Marsha Carraway, previous PI Coordinator, and currently the Charge Nurse in the GI Lab, was paid more than me when she was the PI Coordinator and the demotion calculator was not applied to her wages when she transferred to the GI Lab. Carraway is White. Crystal Jordan, Flexi RN, is allowed to work without changing her job status and her wages have not been reduced. Jordan is White. I am currently a part-time employee, however, my benefits have been eliminated. I cannot use my sick time and my short term disability has not been reinstated. The premiums on my short term disability have not been paid since November 2015.

I believe that I have been discriminated against because of my race, Black and because of my sex-female (pregnancy) in violation of Title VII of the Civil Rights Act of 1964, as amended.

I want this charge filed with both the EEOC and the State or local Agency, if any. I will advise the agencies if I change my address or phone number and I will cooperate fully with them in the processing of my charge in accordance with their procedures.

I declare under penalty of perjury that the above is true and correct.

NOTARY - When necessary for State and Local Agency Requirements

I swear or affirm that I have read the above charge and that it is true to the best of my knowledge, information and belief.  
SIGNATURE OF COMPLAINANT

SUBSCRIBED AND SWORN TO BEFORE ME THIS DATE  
(month, day, year)

Jan 21, 2016

Date

Charging Party Signature



## DISMISSAL AND NOTICE OF RIGHTS

To: **Dejau Jones**  
**108 Three Sons Drive**  
**Hoover, AL 35226**

From: **Birmingham District Office**  
**Ridge Park Place**  
**1130 22nd Street**  
**Birmingham, AL 35205**



On behalf of person(s) aggrieved whose identity is  
**CONFIDENTIAL (29 CFR §1601.7(a))**

EEOC Charge No.

EEOC Representative

Telephone No.

**420-2016-00879**

**Kevan J. Jackson,**  
**Investigator**

**(205) 212-2128**

## THE EEOC IS CLOSING ITS FILE ON THIS CHARGE FOR THE FOLLOWING REASON:



The facts alleged in the charge fail to state a claim under any of the statutes enforced by the EEOC.



Your allegations did not involve a disability as defined by the Americans With Disabilities Act.



The Respondent employs less than the required number of employees or is not otherwise covered by the statutes.



Your charge was not timely filed with EEOC; in other words, you waited too long after the date(s) of the alleged discrimination to file your charge



The EEOC issues the following determination: Based upon its investigation, the EEOC is unable to conclude that the information obtained establishes violations of the statutes. This does not certify that the respondent is in compliance with the statutes. No finding is made as to any other issues that might be construed as having been raised by this charge.



The EEOC has adopted the findings of the state or local fair employment practices agency that investigated this charge.



Other (briefly state)

## - NOTICE OF SUIT RIGHTS -

(See the additional information attached to this form.)

**Title VII, the Americans with Disabilities Act, the Genetic Information Nondiscrimination Act, or the Age Discrimination in Employment Act:** This will be the only notice of dismissal and of your right to sue that we will send you. You may file a lawsuit against the respondent(s) under federal law based on this charge in federal or state court. Your lawsuit must be filed **WITHIN 90 DAYS** of your receipt of this notice; or your right to sue based on this charge will be lost. (The time limit for filing suit based on a claim under state law may be different.)

**Equal Pay Act (EPA):** EPA suits must be filed in federal or state court within 2 years (3 years for willful violations) of the alleged EPA underpayment. This means that **backpay due for any violations that occurred more than 2 years (3 years) before you file suit may not be collectible.**

On behalf of the Commission



**Delner Franklin Thomas,**  
**District Director**

**MAR 08 2017**

(Date Mailed)

Enclosures(s)

cc: **GRANDVIEW MEDICAL CENTER**  
**C/o Peter A. Malanchuk, Esq.**  
**4000 Meridian Boulevard**  
**Franklin, TN 37067**

**Dejau Jones**  
**C/o Robert L. Beeman, II**  
**Law Office of Robert L. Beeman, II**  
**3720- 4<sup>th</sup> Avenue South**  
**Birmingham, AL 35222**

## CHARGE OF DISCRIMINATION

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Charge Presented To: Agency(ies) Charge No(s):

☐ FEPA  
☒ EEOC

420-2016-02565

and EEOC

State or local Agency, if any

Name (indicate Mr., Ms., Mrs.)

Ms. Dejau M. Jones

Home Phone (Incl. Area Code)

(205) 240-3285

Date of Birth

04-06-1986

Street Address

City, State and ZIP Code

2821 Wisteria Drive, Hoover, AL 35216

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Name

GRANDVIEW MEDICAL CENTER

No. Employees, Members

15 - 100

Phone No. (Include Area Code)

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☒ RETALIATION ☐ AGE ☐ DISABILITY ☐ GENETIC INFORMATION  
☐ OTHER (Specify)

DATE(S) DISCRIMINATION TOOK PLACE  
Earliest Latest

04-22-2016

06-06-2016

☐ CONTINUING ACTION

THE PARTICULARS ARE (If additional paper is needed, attach extra sheet(s)):

I am Black. I was hired by the above named employer in June 2011, as a Registered Nurse. I took maternity on March 5, 2016 and I returned to work on May 31, 2016. The last four weeks that I was on maternity leave I only received half of what I was entitled to receive. I was paid for 9 hours per week, whereas I should have received pay for 20 hours per week. On June 6, 2016, I met with management about the difference in pay that I was receiving versus what I should have received.

I believe that management has not paid me what I was scheduled to receive and I was discriminated against in retaliation for having filed a previous charge (420-2016-00879), in violation of Title VII of the Civil Rights Act of 1964, as amended.

RECEIVED

JUN 15 2016

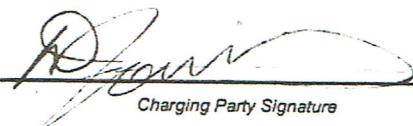
E.E.O.C.  
BIRMINGHAM DISTRICT

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I declare under penalty of perjury that the above is true and correct.

Jun 15, 2016

Date

  
Charging Party Signature

NOTARY - When necessary for State and Local Agency Requirements

I swear or affirm that I have read the above charge and that it is true to the best of my knowledge, information and belief.  
SIGNATURE OF COMPLAINANT

SUBSCRIBED AND SWORN TO BEFORE ME THIS DATE  
(month, day, year)